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Evidence to support the contribution of social and economic status to health continues to grow (Berg et al. 2007; Draper et al. 2004; Keleher & MacDougall 2011; Marmot & Wilkinson 2006). Medicare was built on the principles of universality, access, equity, efficiency and simplicity, the main objective being to break down the financial barriers to healthcare access for all Australians. Given the principles of Medicare, how is it possible that we are still able to identify disparities in health in relation to socio-economic status? Unfortunately there is no simple solution; however, what is known is that a number of social determinants can be linked to health and wellbeing, the most notable being social status, income and work (Fanany & Fanany 2012; Keleher & MacDougall 2011).

### Social gradient

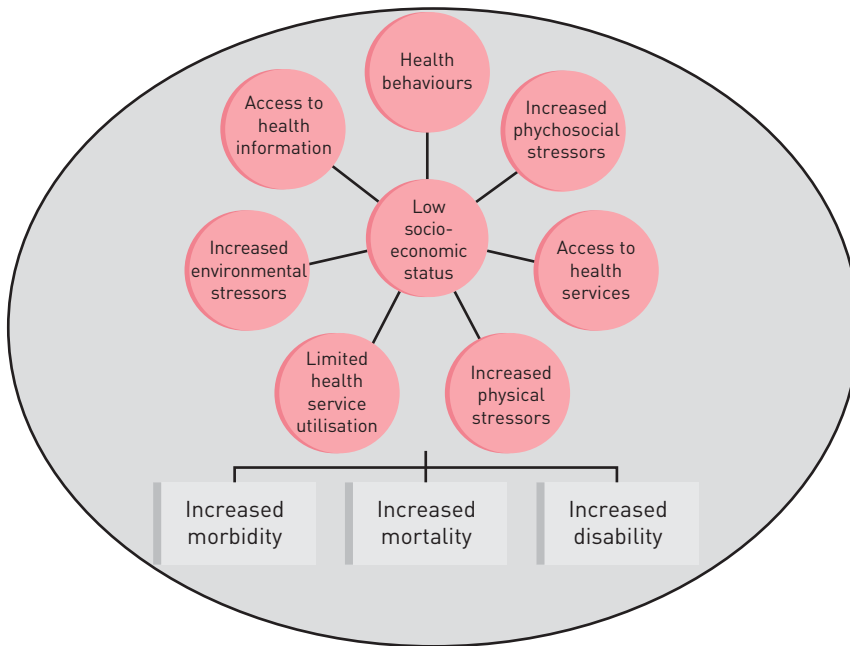
Social and economic circumstances affect health. Generally, the lower an individual's socio-economic status, the worse their health. This is a global trend, seen in low-, middle- and high-income nations.

The concept of socio-economic status is often described along a **social gradient**, with health improving or getting better as you move up the gradient (Fanany & Fanany 2012). We can further explore the concept of socio-economic status by including work as part of the health determinant. Given that much of our lives are spent working, it is evident that the type of work we do, the level of control we have over our work and the income it generates will also impact upon our health (Fanany & Fanany 2012). Socio-economics and the social gradient also create particular challenges for the health professional: the further down the social gradient the client is, the less likely that they have accessed significant education opportunities; this results in a mix of inputs used to create their own model of healthcare, ranging from cultural upbringing to social media and hearsay. This mix of inputs and conflict of healthcare attitudes creates a unique challenge in forming client–professional relationships, as well as in developing communication pathways to support positive health outcomes and healthcare experiences.

Declines in socio-economic status lead to decreases in health, regardless of the services provided. Financial access to services is only one step towards improving health in disadvantaged populations. A number of elements play a role in health and wellbeing, such as maintaining a healthy diet, drinking in moderation, avoiding addictions, maintaining physical fitness, making time to relax, and taking care of personal hygiene.

The relationship between financial stability and diet, drinking, addictions, physical fitness, relaxation and hygiene is easily recognised; however, consider how other social factors may impact on these elements. Many of the factors identified in the preceding discussion are very similar to the social determinants of health. Table 1.6 outlines the key social determinants of health.



**FIGURE 1.2:** Socio-economics and the health relationship**TABLE 1.6** Social determinants of health

**The social gradient:** Social and economic circumstances affect health, both individually and at a community level.

**Stress:** Lack of control can lead to stress, particularly in the workplace. Exposure to unfavourable social and psychological situations can lead to long-term stress.

**Early life:** Early development and education impact on health throughout life. The foundations for good health begin in early development.

**Social exclusion:** Social exclusion can be linked to depression; often linked to marginalised groups.

**Work and unemployment:** Work can contribute significantly to stress, increasing the risk of disease. Job security adds to wellbeing; unemployment or lack of job security increases psychological stress, further amplified by lack of financial security.

**Social support:** The presence of social support through friends and family contributes to good health and wellbeing; the absence of such support can negatively affect health and wellbeing.

*(continued)*

### Social determinants of health

The economic and social conditions that contribute to or detract from health at an individual or community level.

**TABLE 1.6** Social determinants of health (*continued*)

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**Transport:** Healthy transport encourages better health through walking and cycling; this is also supported through reliable and affordable public transport. Apart from reducing pollution and road accidents, effective public transport also provides access to health services.

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**Gender:** The impact of gender on health includes social roles, power and control in the community, family, environment and the workplace, as well as access to and engagement with health services.

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**Culture:** Views and understanding of health and healthcare. Cultural and religious beliefs can impact on access to and utilisation of health services.

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Healthcare in Australia is not a one-size-fits-all approach. Although many policies and programs exist in an attempt to improve the health of disadvantaged populations, positive health outcomes are limited. Several challenges that lay outside the realm of health policy limit the success of health programs; however, are all linked to socio-economics and social determinants of health. It is possible to provide substantial health services targeted at the needs of disadvantaged populations, although positive health outcomes also require that communities are aware of the services and have adequate access to them. Transport, education, working conditions, gender and culture all impact on how or if individuals or communities will access health services. These same social determinants also impact on the individual and the community's healthcare framework, thus determining access and utilisation of services. Achieving positive health outcomes goes beyond just providing the care or service needed: it is far more complex than simply increasing the number of allied health professionals, midwives or GPs in an area. As much as this perspective is imperative for the policy-makers, it is just as imperative for the practising health professional in every role, from the frontline health worker to the service manager.

### Reflect and apply




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As an individual you have developed your own framework for healthcare, and as a developing health professional it is likely that your framework will evolve as you progress through your undergraduate degree to become a practising health professional. The beliefs, ideologies and experiences that have gone into constructing your personal healthcare framework are important to you, and may differ substantially from someone else's framework. Consider how knowing or not knowing about the construct of another person's healthcare framework might impact on your approach to practice as:

- a frontline health professional
  - a service manager
  - a policy maker.
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## Conclusion

The current healthcare environment in Australia goes well beyond the physical location of health service delivery. Rather than just the physical, the healthcare environment is a conceptualisation of beliefs, ideologies, culture, history, interactions and evidence that continues to evolve and adapt to changing health needs and also in response to the changing ideologies of the Commonwealth Government. The evolution of the healthcare environment is reflected in the ways in which we deliver healthcare, and the way in which we view health and illness. It is complex and dynamic, and while there are many elements that individuals and communities share in the understanding of health and illness, there are also many elements that differ. These differences add to the complexities: the unique nature of the healthcare environment and the challenges in balancing the needs of the many stakeholders, which all play a role in maintaining the healthcare environment and allowing it to evolve. Biomedical approaches to health may have formed the basis of the current healthcare environment; however, evidence clearly suggests that there is far more to health and healthcare than this approach can accommodate. There are numerous social factors that influence health, healthcare and health policy that require careful examination and exploration when preparing for health services. Healthcare in Australia is not a one-size-fits-all scenario and, while no single stakeholder possesses all the answers, it is likely that a combination of ideologies from all players, combined with an ability to evolve and adapt, may provide an effective healthcare framework in the future. For the health professional, a deep understanding and engagement with all elements of the environment from policy making to client beliefs is likely to result in a modified framework capable of evolving to meet the needs of the health professional and the client, leading to improved client–professional communication, better health outcomes and improved resource utilisation.

### SUMMARY POINTS

- Health and healthcare in Australia is an ever-evolving entity. The evolution of healthcare in Australia is not only dictated by the political ideologies but also directed by healthcare consumers. While healthcare stability is important, change is both inevitable and required to ensure population needs are continually met.
- The major political forces in Australian politics demonstrate substantially different ideologies towards the provision of healthcare in Australia; however, these differences act as a conduit for continual change, development and improvement of healthcare in Australia.
- The complexities of healthcare provision are further exacerbated by the complexities of the populations requiring healthcare. Individuals and communities differ in their

healthcare needs and beliefs—or how they conceptualise health and healthcare. Frameworks for healthcare help to communicate what health means from an individual perspective as well as from a population or community perspective. A deeper understanding of the meaning of health supports the provision of meaningful health services.

- Healthcare and health policy in Australia has multiple stakeholders with multiple interests; some stakeholders are interested in profit, some are interested in services and some are interested in reducing expenditure and input. Consumers, providers and government are all stakeholders in health policy.
- Healthcare communication is a complex entity that goes beyond the micro level of client–professional interaction. The macro level is concerned with the broader communication of health needs. Consumers communicate their needs at a micro level through healthcare providers, and at a macro level via the polling booth. Providers communicate their needs through advocating policy, or by resisting policy changes that impact upon them at a personal or organisational level. Provider interactions can be both micro and macro: micro when communicating individual needs, and macro when communicating client or community needs.
- Political drivers are not the only element shaping healthcare. Health, healthcare and health policy are all influenced by a multitude of social factors. Balancing the differing needs of individuals and communities adds an extra layer of complexity.

### Critical thinking questions



- 1 The future of Medicare is constantly in the political spotlight. What are your views on current debates? Do you have a secret solution? How might your solution impact on vulnerable and affluent people in our society?
- 2 It is often said that Australians possess the best healthcare system in the world. Why might this attitude prevail? Reflect on your knowledge of healthcare in other countries and make the comparisons.

### WEBLINKS



<http://www.humanservices.gov.au/>

Australian Government Department of Human Resources.

[http://www.aph.gov.au/About\\_Parliament/Parliamentary\\_Departments/Parliamentary\\_Library/Publications\\_Archive/archive/medicare](http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/Publications_Archive/archive/medicare) Medicare Background: Parliament of Australia.

<http://www.euro.who.int/en/publications/abstracts/social-determinants-of-health.-the-solid-facts> Social Determinants of Health: The Solid Facts (2nd edn).

[http://www.who.int/topics/social\\_determinants/en/World](http://www.who.int/topics/social_determinants/en/World) Health Organization: Social Determinants of Health.

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